

• MUST USE MOST CURRENT FORM

• PRINT CLEARLY IN BLACK INK

• MAKE SURE ENTIRE CIRCLE IS FILLED

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Date____ / ____ /

EXAMPLE:

Yes	No	C
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I understand that this form is ONLY to be used to change address, phone numbers

GENERAL INFORMATION

or e-mail addresses. T	This does NOT include o	ompany or individua	al name chan	nge. No	0	
Type of Change:	O Company	O Branch	0	Individual		bigct The above space is reserved for office use only $ bigct$
ONLY FILL OUT THE A	APPROPRIATE SECTION					
PART I. COMPAI	NY ONLY					
Company Name						Company License No.
NEW Mailing Address				_		
City				State (2- Digit Code)		ZIP
NEW Physical Address						
City				State (2- Digit Code)		ZIP
NEW Business Phone	()			NEW Business	s Fax	()
NEW Business Email						
Last Name Of Contact F			First Name			Contact Person's Phone ()
Manager Printed Last Name					nted st Nam	e
PART II. BRANC	H ONLY					
Company Name					ĺ	Branch License No.
NEW Physical Address					<u> </u>	
City				State (2- Digit Code)		ZIP
NEW Branch Phone	()			NEW Busines	ss Fax	()
Last Name Of Contact F			First Name			Contact Person's Phone ()
Manager Printed Last Name					nted st Nam	e
PARTIII. INDIV	IDUAL ONLY					
Applicant Last Name				First Name		M.I. Suffix
Applicant Social Security No.		NEW Phone ()			NEW Email
NEW Residential Address		•				
City				State (2- Digit Code)		ZIP
SIGNER INFORM	ATION (DOES NOT APP	LY TO INDIVIDUALS)				
Printed Last Name Of (IF DIFFERENT FROM MANAGER L	Person Signing					Printed First Name
	ation provided is true and supplement provided to t					nment record and that any false statement made on this
	Individua	al Signature (FOR INDIV	IDUAL ONLY)			Date//

This form and attachments can be faxed to (512) 424-7726 or forwarded by mail to:

Manager, Manager's Designee or Owner Signature (FOR COMPANY OR BRANCH ONLY)

Texas Department of Public Safety Private Security MSC 0242 PO Box 4087 Austin, TX 78773-0001